

1992 US PTO  
200360

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**Attorney Docket No.** OSTEONICS 3.0-455**First Inventor** Nicolas Delogé**Title** GREATER TROCHANTERIC RE-ATTACHMENT DEVICE**Express Mail Label** EV313691965USU.S.PTO  
22581 10/81/2004  
10/81/2013**APPLICATION ELEMENTS**

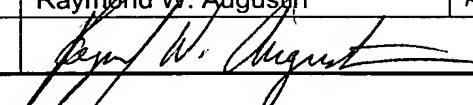
See MPEP chapter 600 concerning utility patent application contents.

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |
| 3. <input checked="" type="checkbox"/> Specification      [Total Pages 14]<br><br>(preferred arrangement set forth below)<br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure | 9. <input type="checkbox"/> Computer Readable Form (CRF)  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Sheets 4]  | b. <input type="checkbox"/> Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration      [Total Sheets ]  | c. <input type="checkbox"/> Statements verifying identity of above copies   |
| a. <input type="checkbox"/> Newly executed (original or copy)  | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee) <input type="checkbox"/> Power of Attorney                                     |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)  | 11. <input type="checkbox"/> English Translation Document (if applicable)   |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).   | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations                            |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   | 13. <input type="checkbox"/> Preliminary Amendment  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)      of prior application No.: _____   | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)   |
| Prior application information: Examiner _____ Art Unit: _____  |   |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS** Customer Number: 000530      OR       Correspondence address below

|         |           |          |  |
|---------|-----------|----------|--|
| Name    |           |          |  |
| Address |           |          |  |
| City    | State     | Zip Code |  |
| Country | Telephone | Fax      |  |

|                   |   |                                   |                |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Raymond W. Augustin   | Registration No. (Attorney/Agent) | 28,588         |
| Signature         |  | Date                              | March 30, 2004 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10992 US PTO

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 770.00)

**Complete if Known**

|                      |                       |
|----------------------|-----------------------|
| Application Number   | Not Yet Assigned      |
| Filing Date          | Concurrently Herewith |
| First Named Inventor | Nicolas Delogé        |
| Examiner Name        | Not Yet Assigned      |
| Art Unit             | N/A                   |
| Attorney Docket No.  | OSTEONICS 3.0-455     |

**METHOD OF PAYMENT (check all that apply)**
 Check     Credit Card     Money Order     Other     None
 Deposit Account:Deposit Account Number **12-1095**Deposit Account Name **Lerner, David, Littenberg, Krumholz & Mentlik, LLP**

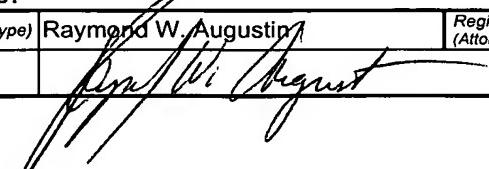
The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity   | Small Entity  | Fee Description   | Fee Paid  |
|--|---------------|---|---|
| Fee Code   | Fee Code (\$) | Fee Description   | Fee Paid  |
| 1001   | 770           | 2001 385 Utility filing fee                                       | 770.00  |
| 1002   | 340           | 2002 170 Design filing fee  |   |
| 1003   | 530           | 2003 265 Plant filing fee   |   |
| 1004   | 770           | 2004 385 Reissue filing fee                                       |   |
| 1005   | 160           | 2005 80 Provisional filing fee                                    |   |
| <b>SUBTOTAL (1) (\$)</b>   |               | <b>770.00</b>   |   |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>               |               |   |   |
| Total Claims   | 18            | Extra Claims  | Fee from below  |
| Independent Claims   | 3             | -20** =   | <input type="text"/> x <input type="text"/> = <b>0.00</b> |
| Multiple Dependent   |               | -3** =  | <input type="text"/> x <input type="text"/> = <b>0.00</b> |
| Large Entity   | Small Entity  |   |   |
| Fee Code   | Fee Code (\$) | Fee Description   |   |
| 1202   | 18            | 2202 9 Claims in excess of 20                                     |   |
| 1201   | 86            | 2201 43 Independent claims in excess of 3                         |   |
| 1203   | 290           | 2203 145 Multiple dependent claim, if not paid                    |   |
| 1204   | 86            | 2204 43 ** Reissue independent claims over original patent        |   |
| 1205   | 18            | 2205 9 ** Reissue claims in excess of 20 and over original patent |   |
| <b>SUBTOTAL (2) (\$)</b>   |               | <b>0.00</b>   |   |
| **or number previously paid, if greater; For Reissues, see above |               |   |   |
| *Reduced by Basic Filing Fee Paid                                |               |   |   |
| <b>SUBTOTAL (3) (\$)</b>   |               |   |   |
| <b>0.00</b>  |               |   |   |

(Complete if applicable)

|                   |   |                                   |        |           |                |
|-------------------|---|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Raymond W. Augustin   | Registration No. (Attorney/Agent) | 28,588 | Telephone | (908) 518-6318 |
| Signature         |  |                                   |        | Date      | March 30, 2004 |